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**Date notice sent to all parties:** 04/06/16

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical therapy for the right shoulder three times a week for four weeks to include CPT codes 97110, 97140, and 97014

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in Orthopedic Surgery  
Diplomate of the American Board of Orthopedic Surgery  
Fellow of the American Academy of Orthopedic Surgeons  
Fellow of the American Association of Orthopedic Surgeons

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Physical therapy for the right shoulder three times a week for four weeks to include CPT codes 97110, 97140, and 97014 – Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant presented to the emergency room on XX/XX/XX for back and leg pain that became worse two weeks prior and had progressed. She had pain that radiated to the right leg and had no weakness, numbness, or tingling. Only the

first page was available. On XX/XX/XX, XX examined the claimant for a work injury that occurred on XX/XX/XX when she injured her right shoulder and right low back. She was moving boxes of flooring and she fell back over a red cart that was behind her, injuring her right low back. She did not think much of it and kept working. She had reported right shoulder pain from constant lifting on XX/XX/XX, but did not seek treatment until XX/XX/XX. She noted she twisted her right ankle the day before at work while falling over due to her back pain. She was 67 inches tall and weighed 165 pounds. She had right shoulder tenderness with reduced ROM. Straight leg raising was negative, but there were right sided lumbar spasms. Her gait and strength were normal. The assessments were lumbar and shoulder strains. Mobic was prescribed. On XX/XX/XX, she claimed she hurt her right neck and shoulder. She claimed she was unable to lift right arm due to pain and weakness. She claimed numbness and tingling of the right hand. A cervical and right shoulder MRI were recommended. XX evaluated the claimant on XX/XX/XX. xxxx had 70% neck pain and 30% arm pain. xxxx had cervical tenderness with decreased sensation. Spurling's was positive. The MRIs were again recommended and a Medrol Dosepak was prescribed. Cervical and right shoulder MRIs were obtained on XX/XX/XX. The cervical MRI revealed no appreciable disc herniation or acquired midline, lateral recess, or foraminal stenosis despite bilateral hypertrophic facet joint hypertrophy. There was subtle scoliosis and straightening of the cervical lordosis that might represent muscle spasm. The right shoulder MRI revealed tendinopathy and incomplete full thickness tear of the anterior leading edge of the supraspinatus tendon and mild peritendinitis of the supraspinatus and infraspinatus tendons. XX evaluated the claimant on XX/XX/XX. xxxx had been in therapy, but xxxx right shoulder was too painful to attend. xxxx had pain and numbness that radiated down her right arm and daily headaches. Here, xxxx was 5 feet 7 inches tall and weighed 176 pounds. xxxx had decreased sensation at C6 and C7 and decreased cervical range of motion. The assessments were partial thickness rotator cuff tear, carpal tunnel syndrome, acute cervical sprain, and arthropathy of the spinal facet joint. xxxx was referred to an orthopedist, XX, who examined her on XX/XX/XX. On exam, xxxx had extreme pain out of proportion to expectations with any range of motion and with palpation anywhere in the right shoulder. xxxx pain was noted to be very poorly localized. There was poor effort and poor tolerance with the exam. The impression was probable right rotator cuff tear and adhesive capsulitis. The claimant refused an injection and did not want to back to therapy. She wanted to proceed with surgical intervention and at that point, XX felt there might be some psychiatric overtones and he recommended an injection and more therapy prior to surgery. She was reevaluated in therapy on XX/XX/XX. Additional therapy was recommended and performed from XX/XX/XX –XX/XX/XX for a total of 7 visits. XX/XX/XX, she complained of unchanged pain in the right shoulder that she felt was only amenable to surgery. XX recommended right shoulder arthroscopy, rotator cuff repair, subacromial decompression, and biceps tenotomy. On XX/XX/XX, it was noted her surgery was denied and she wanted to continue on work restrictions. She had tenderness out of proportion to what was expected on exam. Elevation was 80 degrees and external rotation was 30 degrees. A subacromial injection was performed at that time. The claimant returned to XX on

XX/XX/XX and another injection was performed into the subacromial space. It was noted if she was better in six weeks, she would not need surgery, but if she was not, she would be a surgical candidate. On XX/XX/XX, XX noted the surgery and additional therapy were being denied, but another course was recommended at that time. On XX/XX/XX, she was reevaluated in therapy. Flexion was 70 degrees, internal rotation was 45 degrees, and external rotation was 41 degrees. Strength was 3-4/5. Therapy was recommended 3 times a week for 6 weeks. The claimant then attended therapy from XX/XX/XX-XX/XX/XX for a total of 17 visits. XX noted on XX/XX/XX the claimant had neck and right shoulder pain and it was unclear what her major problem was. He also thought her pain was causing issues with depression. XX recommended postponing surgery at that time. An EMG/NCV study was obtained on XX/XX/XX and was normal in the bilateral upper extremities. On XX/XX/XX, XX noted the psychiatric evaluation was denied. She had feelings of depression and difficulty sleeping. He felt the claimant was a candidate for arthroscopic surgery once her other medical issues were resolved. The claimant then underwent right shoulder arthroscopy with subacromial decompression and open biceps tenodesis on XX/XX/XX. The postoperative diagnoses were right shoulder impingement and biceps tendinitis. On XX/XX/XX, the claimant was apprehensive to motion on exam. Elevation was 20-30 degrees and external rotation was 10 degrees. Home exercises and therapy were recommended. She then began in therapy on XX/XX/XX-XX/XX/XX for a total of 12 visits. She continued therapy from XX/XX/XX-XX/XX/XX for another 8 sessions. The treatment provided was unchanged. On XX/XX/XX, the claimant followed-up and was 10 weeks status post surgery. She continued to struggle with pain and ROM. Passive elevation was 95 degrees and external rotation was 20 degrees. She had severe pain at the extremes of motion. She was encouraged to discontinue the sling and fight through the pain. She continued in therapy on XX/XX/XX-XX/XX/XX. On XX/XX/XX, XX documented elevation of about 100 degrees and it was unclear if this was a blocked motion or limited by pain. Her pain responses remained elevated. She was advised to become more diligent and aggressive in therapy, which was recommended to be continued. On XX/XX/XX, XX provided an adverse determination of XX for the requested physical therapy three times a week for four weeks for the right shoulder. On XX/XX/XX, elevation was 125 degrees, external rotation was 30 degrees, and she still had pain at the extremes of motion limiting further passive elevation. She was again encouraged to be more aggressive with her stretching and additional therapy was recommended. XX provided another adverse determination for the requested physical therapy three times a week for four weeks for the right shoulder. I also reviewed the carrier's letter dated XX/XX/XX.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The claimant is a female who was originally seen on XX/XX/XX. She presented with the primary complaint of back and leg pain secondary to an on-the-job injury which allegedly occurred two weeks previously after a lifting injury. She also complained of neck pain with radiation into the right arm. She subsequently sought treatment at XX and was seen by various providers at that facility.

Cervical MRI scan documented no appreciable neural compressive disc pathology and right shoulder MRI scan documented rotator cuff tendinopathy, but no full thickness rotator cuff tears. This claimant was subsequently referred to XX when she returned to XX. XX noted on XX/XX/XX pain out of proportion to expectation, poor localization of complaints, poor effort, poor tolerance, and noted she refused injection and physical therapy at that time. He was concerned about psychological overtones. She then underwent at least 25 sessions of physical therapy with minimal objective evidence of improvement. Multiple examiners reported pain out of proportion to objective documented physical findings. Electrodiagnostic studies, to include EMG/NCV studies, were done and were completely normal.

XX on XX/XX/XX, performed a right shoulder arthroscopy with subacromial decompression and open biceps tenodesis. The claimant postoperatively has undergone at least 25 formal sessions of physical therapy. She, despite extensive evaluation and treatment, has never demonstrated significant clinical improvement or change in function, with her subjective complaints out of proportion to the objective physical findings. The requested additional physical therapy was non-certified on XX/XX/XX on initial review. His non-certification was upheld on reconsideration/appeal by Orthopedic Surgeon XX. Both reviewers attempted peer-to-peer without success and their opinions were based upon the criteria as outlined by the evidence based ODG. The evidence based ODG criteria for the arthroscopy with subacromial decompression recommend 24 visits over 14 weeks. The claimant has had at least 25 visits postoperatively and is now over 20 weeks status post procedure. She is still symptomatic, but her complaints are not supported by objective physical findings. Both the evidence based ODG and Medical Disability Adviser (MDA) recommend investigation and addressing of non-physical factors (psychosocial, work place, socioeconomic) in cases of delayed recovery or return to work. Therefore, the physical therapy for the right shoulder three times a week for four weeks to consist of CPT codes 97110, 97140, and 97014 is not supported by the medical documentation reviewed nor is it medically necessary, reasonable, related, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

MDA